

CLASS 1 (COMMERCIAL) STRUCTURAL PERMIT APPLICATION

Renovation

PERMIT NUMBER: STR <u>11 - 02900</u>		DROP OFF # <u>8197</u>	
A. ADDRESS: <u>201 N. SHARLAND AVE</u>		O. CONSTRUCTION DESIGN RELEASE PROJECT NUMBER: <u>352860</u>	
IF THIS BUILDING HAS MULTIPLE ADDRESSES: LOWEST NUMBER _____ HIGHEST NUMBER _____		P. CONSTRUCTION TYPE: As defined by the IBC <u>IF 1st</u>	
B. OWNER OR LESSEE OF THE PROPERTY: NAME: <u>401 PUBLIC SAFETY LLC</u>		Q. PROPOSED OCCUPANCY: As defined by the IBC <u>B</u>	
ADDRESS: <u>P.O. BOX 887</u>		R. IS THERE A CHANGE OF OCCUPANCY? As defined by the IBC (CIRCLE ONE) YES <u>(C)</u> NO	
<u>Cannel</u> IN <u>46802</u> CITY STATE ZIP CODE		S. IS A FIRE SUPPRESSION SYSTEM BEING INSTALLED? (CIRCLE ONE) YES NO <u>EXISTING</u>	
TELEPHONE NUMBER: <u>(317) 590-0589</u>		T. IS A FIRE ALARM SYSTEM BEING INSTALLED? (CIRCLE ONE) YES NO <u>EXISTING</u>	
C. EXISTING ZONING: <u>CS / WOODMONT</u>		U. IS A HOOD BEING INSTALLED? (CIRCLE ONE) YES <u>NO</u> EXISTING	
D. EST VALUE OF CONST ACTIVITY: \$ <u>425,000</u>		V. I AM REQUESTING REVIEW OF THE FOLLOWING: (PLACE AN "X" NEXT TO ALL THAT APPLY)	
E. PETITION NUMBER: <u>1</u>		<input type="checkbox"/> FOUNDATION <input type="checkbox"/> CORE & SHELL <input checked="" type="checkbox"/> INTERIOR FINISH <input checked="" type="checkbox"/> ELECTRICAL <input checked="" type="checkbox"/> HVAC <input type="checkbox"/> FIRE ALARM <input checked="" type="checkbox"/> PLUMBING <input type="checkbox"/> FIRE SUPPRESSION <input type="checkbox"/> HOOD	
F. TYPE OF STRUCTURE: <input checked="" type="checkbox"/> 1) PRIMARY <input type="checkbox"/> 2) ACCESSORY <input type="checkbox"/> 3) OTHER: _____		COMMENTS (ADD ADDITIONAL PAGES IF NEEDED): _____ _____ _____	
G. PERMIT TYPE: <input type="checkbox"/> FOUNDATION ONLY <input type="checkbox"/> NEW PRIMARY <input type="checkbox"/> ADDITION <input type="checkbox"/> NEW ACC STR <input type="checkbox"/> ADDITION & REMODEL <input type="checkbox"/> TENANT FINISH <input type="checkbox"/> PLACEMENT EXT STR <input checked="" type="checkbox"/> REMODEL <input type="checkbox"/> OTHER: _____			
H. PREVIOUS USE OF STRUCTURE: <u>MAIL</u>		W. CONTACT FOR PLAN REVIEW COMMENTS: NAME: <u>Stephen C. Hoffman P.E.</u>	
I. PROPOSED USE OF STRUCTURE: <u>OFFICE</u>		ADDRESS: <u>826 BASE LINE RD</u>	
J. NUMBER OF UNITS: <u>ONE</u>		<u>PARAGON</u> IN <u>46166</u> CITY STATE ZIP CODE	
K. GROSS FLOOR AREA OF REMODEL (IF APPLICABLE): <u>58,000</u>		TELEPHONE NUMBER: <u>(317) 443-1901</u>	
NUMBER OF STORIES BEING REMODELED: <u>2</u>		EMAIL ADDRESS: <u>Steve@hoffmanengineers.com</u>	
STORY # AREA OF REMODEL <u>Basement</u> <u>3,000</u> <u>1st Floor</u> <u>55,000</u>		X. CONTRACTOR/APPLICANT INFORMATION: IF A CONTRACTOR HAS BEEN OR WILL BE HIRED TO DO THE WORK FOR WHICH THIS PERMIT IS REQUESTED, HE/ SHE MUST BE LISTED IN MARION COUNTY AND MUST COMPLETE AND SIGN THIS SECTION:	
L. ADDITIONAL GROSS FLOOR AREA (IF APPLICABLE): <u>NA</u>		BUSINESS NAME: <u>TBD</u>	
NUMBER OF STORIES BEING ADDED: _____		Business Listing Number _____ Individual Listing Number _____	
STORY # ADDITIONAL GFA _____ _____ _____		I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE	
M. LOAD CONSTRUCTION TYPE: <input type="checkbox"/> 1) CONCRETE <input type="checkbox"/> 2) ENGINEERED <input checked="" type="checkbox"/> 3) MASONRY <input type="checkbox"/> 4) POST & BEAM <input checked="" type="checkbox"/> 5) STEEL <input type="checkbox"/> 6) WOOD FRAME		YOUR NAME (PRINT) _____ SIGNATURE: _____ DATE: <u>25 JUL 11</u> (Contractor or Applicant) TELEPHONE NUMBER: <u>(317) 443-1901</u> EMAIL: <u>Steve@hoffmanengineers.com</u>	
N. FOUNDATION TYPE: <u>CONC</u>			